

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**ALAMEDA COUNTY TREASURER**  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.04099632
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>2,022,180.70</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,022,180.70</b>
<b>YTD Amount:</b>	\$	<b>2,022,180.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00011220
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	5,534.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,534.37
YTD Amount:	\$	5,534.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00145397
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>71,718.39</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>71,718.39</b>
<b>YTD Amount:</b>	\$	<b>71,718.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00938333
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>462,841.27</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>462,841.27</b>
<b>YTD Amount:</b>	\$	<b>462,841.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00149500
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>73,742.23</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>73,742.23</b>
<b>YTD Amount:</b>	\$	<b>73,742.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00118559
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>58,480.30</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>58,480.30</b>
<b>YTD Amount:</b>	\$	<b>58,480.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.02081556
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,026,746.39</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,026,746.39</b>
<b>YTD Amount:</b>	\$	<b>1,026,746.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00140173
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>69,141.60</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>69,141.60</b>
<b>YTD Amount:</b>	\$	<b>69,141.60</b>



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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00542726
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>267,704.53</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>267,704.53</b>
<b>YTD Amount:</b>	\$	<b>267,704.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.02542398
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,254,060.89</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,254,060.89</b>
<b>YTD Amount:</b>	\$	<b>1,254,060.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA

95988

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00134476
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>66,331.51</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>66,331.51</b>
<b>YTD Amount:</b>	\$	<b>66,331.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	<b>\$73,573,730.96</b>	Percentage of collection:	<b>0.67042825</b>
Gross monthly apportionment:	<b>\$49,325,907.69</b>	County/City Ratio:	<b>0.00944552</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>465,908.85</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>465,908.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>465,908.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

IMPERIAL COUNTY TREASURER  
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00935974
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>461,677.67</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>461,677.67</b>
<b>YTD Amount:</b>	\$	<b>461,677.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00182883
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>90,208.70</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>90,208.70</b>
<b>YTD Amount:</b>	\$	<b>90,208.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	<b>\$73,573,730.96</b>	Percentage of collection:	<b>0.67042825</b>
Gross monthly apportionment:	<b>\$49,325,907.69</b>	County/City Ratio:	<b>0.01731626</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>854,140.24</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>854,140.24</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>854,140.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00466499
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>230,104.87</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>230,104.87</b>
<b>YTD Amount:</b>	\$	<b>230,104.87</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00205165
	County Medical Services Program Offset Ratio:	0.10000000	

<u>Gross Claim</u>	\$	101,199.50
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	101,199.50
YTD Amount:	\$	101,199.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00147004
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>72,511.06</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>72,511.06</b>
<b>YTD Amount:</b>	\$	<b>72,511.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

LOS ANGELES COUNTY TREASURER  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.32827789
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>16,192,604.90</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>16,192,604.90</b>
<b>YTD Amount:</b>	\$	<b>16,192,604.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA

95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	<b>\$73,573,730.96</b>	Percentage of collection:	<b>0.67042825</b>
Gross monthly apportionment:	<b>\$49,325,907.69</b>	County/City Ratio:	<b>0.00459604</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>226,703.84</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>226,703.84</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>226,703.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.01088548
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>536,936.18</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>536,936.18</b>
<b>YTD Amount:</b>	\$	<b>536,936.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00078332
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>38,637.97</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>38,637.97</b>
<b>YTD Amount:</b>	\$	<b>38,637.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00296652
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>146,326.29</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>146,326.29</b>
<b>YTD Amount:</b>	\$	<b>146,326.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	<b>\$73,573,730.96</b>	Percentage of collection:	<b>0.67042825</b>
Gross monthly apportionment:	<b>\$49,325,907.69</b>	County/City Ratio:	<b>0.00573510</b>
	County Medical Services Program Offset Ratio:	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>282,889.01</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>282,889.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>282,889.01</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00086396
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>42,615.61</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>42,615.61</b>
<b>YTD Amount:</b>	\$	<b>42,615.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00123309
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>60,823.28</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>60,823.28</b>
<b>YTD Amount:</b>	\$	<b>60,823.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00843636
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>416,131.11</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>416,131.11</b>
<b>YTD Amount:</b>	\$	<b>416,131.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00458914
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>226,363.50</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>226,363.50</b>
<b>YTD Amount:</b>	\$	<b>226,363.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00291056
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>143,566.01</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>143,566.01</b>
<b>YTD Amount:</b>	\$	<b>143,566.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.05520311
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>2,722,943.51</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,722,943.51</b>
<b>YTD Amount:</b>	\$	<b>2,722,943.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00358832
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>176,997.14</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>176,997.14</b>
<b>YTD Amount:</b>	\$	<b>176,997.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00123396
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>60,866.20</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>60,866.20</b>
<b>YTD Amount:</b>	\$	<b>60,866.20</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	<b>\$73,573,730.96</b>	Percentage of collection:	<b>0.67042825</b>
Gross monthly apportionment:	<b>\$49,325,907.69</b>	County/City Ratio:	<b>0.03234150</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,595,273.84</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,595,273.84</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,595,273.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	<b>\$73,573,730.96</b>	Percentage of collection:	<b>0.67042825</b>
Gross monthly apportionment:	<b>\$49,325,907.69</b>	County/City Ratio:	<b>0.03348594</b>
	County Medical Services Program Offset Ratio:	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,651,724.39</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,651,724.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,651,724.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA

95023

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00176123
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>86,874.27</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>86,874.27</b>
<b>YTD Amount:</b>	\$	<b>86,874.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.03592459
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,772,013.01</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,772,013.01</b>
<b>YTD Amount:</b>	\$	<b>1,772,013.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.06138059
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>3,027,653.32</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,027,653.32</b>
<b>YTD Amount:</b>	\$	<b>3,027,653.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	<b>\$73,573,730.96</b>	Percentage of collection:	<b>0.67042825</b>
Gross monthly apportionment:	<b>\$49,325,907.69</b>	County/City Ratio:	<b>0.06260938</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>3,088,264.50</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,088,264.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,088,264.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.01414137
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>697,535.91</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>697,535.91</b>
<b>YTD Amount:</b>	\$	<b>697,535.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00470870
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>232,260.90</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>232,260.90</b>
<b>YTD Amount:</b>	\$	<b>232,260.90</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>716,706.92</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>716,706.92</b>
<b>YTD Amount:</b>	\$	<b>716,706.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	<b>\$73,573,730.96</b>	Percentage of collection:	<b>0.67042825</b>
Gross monthly apportionment:	<b>\$49,325,907.69</b>	County/City Ratio:	<b>0.00867979</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>428,138.52</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>428,138.52</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>428,138.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.03493360
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,723,131.53</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,723,131.53</b>
<b>YTD Amount:</b>	\$	<b>1,723,131.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	<b>\$73,573,730.96</b>	Percentage of collection:	<b>0.67042825</b>
Gross monthly apportionment:	<b>\$49,325,907.69</b>	County/City Ratio:	<b>0.00588652</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>290,357.94</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>290,357.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>290,357.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00804393
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>396,774.15</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>396,774.15</b>
<b>YTD Amount:</b>	\$	<b>396,774.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

SIERRA COUNTY TREASURER  
PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00028606
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>14,110.17</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>14,110.17</b>
<b>YTD Amount:</b>	\$	<b>14,110.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00227384
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>112,159.22</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>112,159.22</b>
<b>YTD Amount:</b>	\$	<b>112,159.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.01146356
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>565,450.50</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>565,450.50</b>
<b>YTD Amount:</b>	\$	<b>565,450.50</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.01854597
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>914,796.80</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>914,796.80</b>
<b>YTD Amount:</b>	\$	<b>914,796.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.01149563
	County Medical Services Program Offset Ratio:		0.00000000

<u>Gross Claim</u>	\$	567,032.38
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	567,032.38
YTD Amount:	\$	567,032.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**SUTTER COUNTY TREASURER**  
PO BOX 546

YUBA CITY CA 95992

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00448589
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>221,270.60</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>221,270.60</b>
<b>YTD Amount:</b>	\$	<b>221,270.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00302136
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>149,031.32</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>149,031.32</b>
<b>YTD Amount:</b>	\$	<b>149,031.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA

96093 1297

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00127824
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>63,050.35</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>63,050.35</b>
<b>YTD Amount:</b>	\$	<b>63,050.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.01023676
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>504,937.48</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>504,937.48</b>
<b>YTD Amount:</b>	\$	<b>504,937.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00234037
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>115,440.87</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>115,440.87</b>
<b>YTD Amount:</b>	\$	<b>115,440.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>669,297.82</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>669,297.82</b>
<b>YTD Amount:</b>	\$	<b>669,297.82</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	<b>\$73,573,730.96</b>	Percentage of collection:	<b>0.67042825</b>
Gross monthly apportionment:	<b>\$49,325,907.69</b>	County/City Ratio:	<b>0.00373362</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>184,164.20</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>184,164.20</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>184,164.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00366093
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>180,578.70</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>180,578.70</b>
<b>YTD Amount:</b>	\$	<b>180,578.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00123264
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>60,801.09</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>60,801.09</b>
<b>YTD Amount:</b>	\$	<b>60,801.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00559312
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>275,885.72</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>275,885.72</b>
<b>YTD Amount:</b>	\$	<b>275,885.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100016A  
PAYMENT ISSUE DATE: 8/26/2011

PASADENA CITY TREASURER  
PO BOX 7115

PASADENA CA 91109 7215

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$73,573,730.96	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$49,325,907.69	County/City Ratio:	0.00187637
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>92,553.65</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>92,553.65</b>
<b>YTD Amount:</b>	\$	<b>92,553.65</b>